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November 18, 2005

TO: Examiner Wegert

GROUP: 1647

FAX NUMBER: 571-273-8300

ATTORNEY DOCKET NO.: July 15, 1998

SERIAL NO.: 09/115,589

FILED: July 15, 1998

NUMBER OF PAGES: 1

MESSAGE: Attached please find Amendment Transmittal Letter; Reply to Restriction Requirement mailed October 18, 2005 and Certificate of Transmission by Facsimile.

Kathleen A. Tyrrell, Registration No. 38,350

URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!

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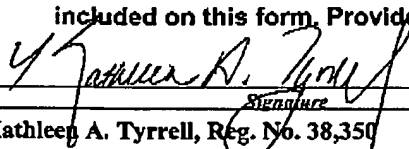
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NOV 18 2005

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AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. PTQ-0027	
Applicant(s): Van Eyk et al.					
Application No. 09/115,589	Filing Date July 15, 1998	Examiner Wegert, Sandra L.	Customer No. 26259	Group Art Unit 1647	Confirmation No. 1553
Invention: Methods of Diagnosing Muscle Damage					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	42 -	42 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	3 -	4 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Kathleen A. Tyrrell, Reg. No. 38,350			Dated: November 18, 2005 <div style="border: 1px solid black; padding: 5px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>		
CC:					

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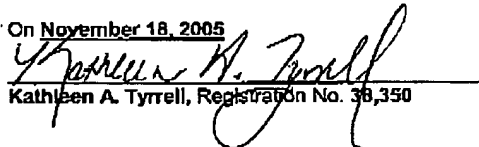
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: PTQ-0027
Inventors: Van Eyk et al.
Serial No.: 09/115,589
Filing Date: July 15, 1998
Examiner: Wegert, Sandra L.
Customer No.: 26259
Group Art Unit: 1647
Confirmation No.: 1553
Title: Methods of Diagnosing Muscle Damage

Certificate of Facsimile Transmission

I hereby certify that this document is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

On November 18, 2005


Kathleen A. Tyrrell, Registration No. 38,350

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Response to Restriction Requirement

This is a reply to the Restriction Requirement mailed October 18, 2005 setting a one (1) month statutory period for response. Please enter the following remarks into the record.

Remarks/Arguments begin on page 2.